

Acworth Public Safety Cadets - Unit #4440

4440 Acworth Industrial Drive
Acworth, Georgia 30101

Firearms Training Liability Waiver

I, _____ hereby acknowledge and agree to the following terms and conditions in consideration of being permitted to participate in firearms training provided by the Acworth Police Department and the Public Safety Cadet Program.

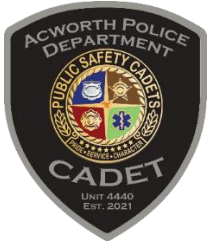
I hereby give permission for the registered cadet _____, to voluntarily participate in firearms training. I release, indemnify, and hold harmless the Acworth Public Safety Cadets, Acworth Police Department, City of Acworth, Public Safety Cadets, its employees, volunteers, and officials. In the case of an injury to my child, I waive all claims against the Acworth Public Safety Cadets, Acworth Police Department, City of Acworth, Public Safety Cadets, its employees, volunteers, and officials. I release the Acworth Public Safety Cadets, Acworth Police Department, City of Acworth, Public Safety Cadets, its employees, volunteers, and officials, of any and all claims, demands, and causes of action whatsoever kind and nature arising from my child's participation in firearms training. I hereby covenant not to sue those named herein and I do hereby further state that neither I nor my heirs, executors, assigns and transfers will ever sue at any time the Acworth Public Safety Cadets, Acworth Police Department, City of Acworth, Public Safety Cadets, its employees, volunteers, and officials for negligence or liability of any type on their behalf or from another participant.

1. Assumption of Risk: I understand that participating in firearms training involves inherent risks, including but not limited to, the risk of injury or death. I voluntarily assume all risks associated with participating in firearms training.

2. Compliance with Safety Instructions: I agree to comply with all safety instructions provided by the instructors and staff during firearms training. I understand that failure to follow safety instructions may result in injury to myself or others.

3. Release of Liability: I hereby release, waive, discharge, and covenant not to sue the Acworth Public Safety Cadets, Acworth Police Department, City of Acworth, Public Safety Cadets, its officers, directors, employees, agents, and volunteers (collectively referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any property belonging to me while participating in firearms training, whether caused by the negligence of the Releasees or otherwise.

4. Indemnification: I agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including attorney fees, that may be incurred by the Releasees arising out of or related to my participation in firearms training.



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5. Medical Treatment: In the event of an emergency, I authorize the Releasees to obtain medical treatment for me if deemed necessary. I agree to be responsible for any medical expenses incurred as a result of such treatment.

6. Media Release: I grant the Acworth Public Safety Cadets permission to use photographs, video recordings, or any other media taken during firearms training for promotional purposes without compensation to me.

I have read this waiver and fully understand its contents. I voluntarily agree to the terms and conditions stated herein.

Participant's Name: _____

Participant's Signature: _____

Date: _____

(Parent/Guardian signature if participant is under 18 years of age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please note: This waiver must be signed and returned before participating in firearms training.

Notary Required:

Sworn and subscribed before me, a Notary Public, on the date of: _____

Notary Public: _____

My Commission Expires: _____